

Plan Features St. Louis County Self-Insured Health Plan		Plan Information
Document limitations	This is only a summary of benefits All benefits are subject to the terms of the contract and certificate	
Deductible	\$250 Per Person; \$500 Family	
Network	98% of area physicians participate in this plan The Mayo Clinic is a participating provider All Minnesota hospitals participate in this plan	
Plan Type	Comprehensive Major Medical Health Care Plan	
Lifetime maximum benefit	\$3,000,000 lifetime maximum per person	
Dependents	Covered to age 25 if single, longer if disabled	
Medications	A <b>generic drug</b> is a lower cost version of a name brand drug available when patent protection expires on a brand name. Not all brand-name drugs have a generic equivalent available but there are generics in most therapeutic categories. A <b>formulary</b> is a list of generic and brand name prescription drugs covered by the health plan at a specified benefit level.	
Out-Of-Pocket Maximum (OPM)	\$750 cap per year per individual; \$1,500 cap per year per family Cap includes deductibles, emergency room co-pays, and coinsurance Cap does not include the prescription drug co-pays	

Services	Plan Pays (In Network)	Plan Pays (Out of Network)
<b>HOSPITAL BENEFITS</b>		
Inpatient Hospital Semi-private room for medically necessary care in an acute or non-acute facility	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Outpatient Hospital Diagnostic Tests (Lab & X-ray)	100% after deductible is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Outpatient Hospital Eligible Outpatient services including chemotherapy and radiation therapy	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Outpatient-Emergency Room	100% after a \$50 co-pay which is waived if admitted in-patient to the hospital	Same as network provider minus amount in excess of what a network provider can charge for the same service
Outpatient physician /professional services	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
<b>MEDICAL/SURGICAL BENEFITS</b>		
Physician Services Surgery & Anesthesia Obstetrical - - Delivery, Postpartum and Postnatal In-hospital medical visits Inpatient lab and x-ray	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Outpatient lab and x-ray Office visits due to illness or injury	100% after deductible is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Obstetrical - - Prenatal	100%	90% of amount allowed with in-network providers after deductible is met
<b>PREVENTATIVE CARE</b>		
Routine Hearing and Vision Exams	Members under age 6: 100%	90% of amount allowed with in-network providers after deductible is met
	Members age 6 and over: 100% up to a combined \$500 annual routine benefit per person	90% of amount allowed with in-network providers after deductible is met up to a maximum of \$500 per year per person for all routine services combined

Services	Plan Pays (In Network)	Plan Pays (Out of Network)
PREVENTATIVE CARE CONTINUED		
Routine Lab and X-ray	Members under age 6: 100%	90% of amount allowed with in-network providers after deductible is met
	Members age 6 and over: 100% up to a maximum of \$500 per year per person for all routine services combined	90% of amount allowed with in-network providers after deductible is met up to a maximum of \$500 per year per person for all routine services combined
Well-child—Under age 6	100%	90% of amount allowed with in-network providers after deductible is met
Routine Physicals and Office Visits - Age 6 and over	100% up to a maximum of \$500 per year per person for all routine services combined	90% of amount allowed with in-network providers after deductible is met up to a maximum of \$500 per year per person for all routine services combined
Cancer Screening	100%	90% of amount allowed with in-network providers after deductible is met
Immunizations	Members under age 18: 100%	90% of amount allowed with in-network providers after deductible is met
	Members age 18 and over: 100% up to a maximum of \$500 per year per person for all routine services combined	90% of amount allowed with in-network providers after deductible is met up to a maximum of \$500 per year per person for all routine services combined
OTHER		
Ambulance	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Chiropractic Care	Office Visit: 100% after deductible	Blue Select Network Provider required No coverage out of network
	All other eligible services: - 90% after deductible is met -100% after OPM is met	
Dental -TMJ -accidental injury to sound natural teeth	90% after deductible is met 100% after OPM is met Subject to pre-authorization	Same as network provider minus amount in excess of what a network provider can charge for the same service
Home Health Care	90% after deductible is met 100% after OPM is met \$25,000 maximum benefit per person per calendar year	Same as network provider minus amount in excess of what a network provider can charge for the same service
Home Infusion Therapy Hospice Care	90% after deductible is met 100% after OPM is met	Same as network provider minus amount in excess of what a network provider can charge for the same service
Mental Health or Chemical Dependency -Inpatient -Professional Care	Office Visit: 100% after deductible	Same as network provider minus amount in excess of what a network provider can charge for the same service
	All other eligible services: - 90% after deductible is met -100% after OPM is met	
	Pre-authorization/medical necessity	
Physical, Occupational and Speech Therapy	Office Visit: 100% after deductible	Same as network provider minus amount in excess of what a network provider can charge for the same service
	All other eligible services: - 90% after deductible is met -100% after OPM is met	
Prescription drugs	\$10 co-pay for generic 31 day supply \$20 co-pay for formulary brand name 31 day supply \$40 co-pay for non-formulary brand name 31 day supply Mail order available at participating pharmacies (2 co-pays for 90-day supply), Co-pay is waived for diabetic supplies Co-pay does not apply to required Out of Pocket Maximum (OPM) Three-cycle supply of oral contraceptive available for one co-pay	
Reproduction Treatments	90-100% after deductible is met up to the lifetime limit of \$10,000 per person (all charges & networks combined) for all eligible reproduction treatments including Rx	Same as network provider minus amount in excess of what a network provider can charge for the same service
Skilled Nursing Facilities	90% after deductible is met 100% after OPM is met 180 days maximum per calendar year	90% of amount allowed with in-network providers after deductible is met